Know Your Benefits: 2021 Health Care Benefits Guide
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Benefits Eligibility Under ACA

You are eligible for medical and prescription drug benefits offered by the University if you qualify as a full-time temporary employee under the Affordable Care Act (ACA).

As a temporary employee you are eligible for benefits under either of the following scenarios:

• Your regular work schedule is 30 hours or more per week. Coverage is effective when the work schedule begins and your supervisor notifies the University Human Resources Benefits staff.

• Your variable work schedule averages 30 hours or more per week during the 12-month look-back period (generally, mid-October of the current year to mid-October of the previous year). Coverage is effective as of January 1 of the next calendar year.

Enrolling as a new or newly benefits-eligible employee

You have 30 days from your eligibility date to elect—or waive—health benefits for the current calendar year. Your elections will remain in effect through December 31, unless you experience a qualifying life event and make changes to your coverage. You must re-enroll each calendar year during Benefits Open Enrollment for coverage the following calendar year when you continue to hold a temporary ACA-eligible appointment.

You’ll find additional information on the Human Resources webpage at wmich.edu/hr. Select your Employee Group, then select Benefits enrollment information for new employees.

When you’re ready to enroll, visit wmich.edu/hr/forms, and select Benefit Enrollment and Changes. Complete the appropriate form(s), then submit them to Human Resources within 30 days.

Qualifying Life Events

Outside of annual open enrollment, you can make changes to your current benefit elections only if you experience a qualifying life event. These include losing other coverage, getting married or divorced, and having a baby or adopting a child.

To make mid-year enrollment changes after a qualifying life event, visit wmich.edu/hr/forms, and select Benefit Enrollment and Changes. Complete the appropriate form(s), then submit them to Human Resources within 31 days of the event.
New Hire Checklist

- Read this Health Care Benefits Guide to learn about the health care benefits available to you. Choose the one that is the best fit for you (and your family).

- To find additional plan information and forms, visit the Human Resources webpage at wmich.edu/hr. Select your Employee Group, then select Benefit Details.

- Decide whether or not to enroll and which medical plan is right for you.

- Complete a Health Insurance Enrollment and Change Form to enroll in a health plan, and, if relevant, review the dependent eligibility criteria. To add a designated eligible individual to the health plan, also complete the designated eligible individual enrollment form. Gather the supporting documentation you’ll need to submit with the applicable forms.

- Complete and submit enrollment forms—along with any required supporting documentation—to Human Resources by mail, fax or email within 30 days of your eligibility date.

If you don’t enroll

- You and your dependents will not have WMU health benefits in 2021.
- Unless you experience a qualifying life event (loss of coverage, marriage, divorce, adding to your family, etc.), you will need to wait until the next Open Enrollment period to make changes to your benefits that take effect January 2022.

For additional information contact Human Resources.
Medical Plans Overview

Both the Blue Cross Blue Shield of Michigan (BCBSM) Community Blue PPO plan and the Blue Care Network (BCN) Healthy Blue Living HMO plan include prescription drug coverage and preventive care at no additional cost to you. And each plan uses a specific network of providers and facilities to offer the highest-quality care at the lowest rates.

How the plans compare

**Community Blue PPO**
- Provider choice—stay in-network or use an out-of-network provider or facility. And you don’t need a referral to see a specialist.
- You’ll pay more out of pocket if you use an out-of-network provider, and some services may not be covered.
- Higher monthly rates.
- Includes 24/7/365 virtual care through Blue Cross Online Visits™.
- Sindecuse Health Center is in-network, including preferred pricing at Sindecuse Pharmacy. For some services, you’ll be billed for up to only 50% of the in-network plan deductible.
- WMU Unified Clinics provide services to you and your family. Plan coverage and costs vary by service.
- Nationwide coverage through BCBS PPO networks.

**Healthy Blue Living HMO**
- Wellness-focused plan that rewards members with lower out-of-pocket costs when they commit to work toward and maintain specific wellness requirements.
- In-network coverage only, through the Blue Care Network (BCN) for Michigan providers.
- You must designate a primary care provider (PCP) to coordinate your care and have a visit with your PCP within 90 days of your coverage start date.
- Lower monthly rates.
- You must have a referral from your PCP to see most specialists, or the visit will not be covered.
- Although you may fill prescriptions at the Sindecuse Pharmacy, medical services at Sindecuse Health Center are not covered.
- If you travel out of state, emergency room visits are covered at the in-network rate.
Community Blue PPO

The PPO offers set copays for some services, like doctor’s visits and prescriptions. For other services, such as diagnostic tests and hospital stays, you must first meet your annual deductible. Then, the plan will pay 90% of expenses, and you’ll pay 10% coinsurance—up to an annual cap.

To locate a provider, visit bcbsm.com and select **Find a Doctor**. For your plan, select **Community Blue PPO**.

Learn more about the Community Blue PPO plan.

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Don’t want to leave home for care?

You don’t have to. The Community Blue PPO plan offers virtual medical and mental health visits to you and your covered dependents through Blue Cross Online Visits. See a certified health professional, 24/7/365—wherever you are—using your smartphone, tablet or computer. If you need medication, the doctor can send a prescription directly to your pharmacy. You’ll pay no copay for a medical visit; for behavioral care, you’ll pay a $30 copay.

You can get help for conditions including cough, sinus infection, sore throat, bronchitis, fever, diarrhea, pink eye, cold, flu, headache, weight concerns, smoking cessation, depression, anxiety, grief and insomnia.

To get started, visit bcbsmonlinevisits.com, add the app to your smartphone or tablet, or call (844) 606-1608.
Healthy Blue Living HMO

The Healthy Blue Living HMO is a wellness-focused plan that rewards members with lower out-of-pocket costs when they commit to work toward and maintain specific wellness requirements. The plan offers two benefit levels: enhanced and standard. Your out-of-pocket costs will be lower at the enhanced benefit level. You’re automatically enrolled at the enhanced level, but you’ll need to meet Healthy Blue Living HMO wellness requirements within 90 days to continue to qualify for enhanced benefits.

If you’re a current participant, you’ll begin the next calendar year at your previous benefit level. Example: You end 2020 at the standard level, so you’ll start 2021 with standard-level coverage. If you meet the enhanced-level qualifications within 90 days, your move to enhanced-benefit-level benefits will be retroactive to Jan. 1.

The HMO plan offers only in-network coverage through the BCBSM Blue Care Network. You must choose a primary care provider to coordinate your care, including referrals to specialists.

If you travel out of state, emergency room visits are covered at the in-network rate. Nonemergency care is covered at the in-network rate if you go to a BlueCard provider/facility. If you go out of state specifically to receive care, you must call your PCP beforehand to get required authorizations and arrange for coordinated care.

Qualifying for enhanced benefits with Healthy Blue Living requirements

Within 90 days:
- Visit your primary care physician (PCP) in time for the doctor to submit your health qualification form electronically.*
- Take an interactive health assessment; log in as a member at bcbsm.com.

If you don’t meet the tobacco use or weight targets, take the following steps.

Within 120 days:
- If you’re a tobacco user, enroll in the BCN tobacco-cessation program. You must continue to participate until you stop using tobacco.
- If you have a body mass index (BMI) of 30 or more, join a BCN weight-management program.** You must participate until your BMI falls below 30.***

Qualifying for standard benefits

If you don’t meet the requirements for enhanced benefits, everyone on your plan will move to the standard level 91 days after the start of your plan year. You’ll stay at that level through the rest of the calendar year.

Learn more about the Healthy Blue Living HMO plan.

* You can submit qualification forms from office visits up to 180 days before the plan year begins (i.e., from office visits July 1–Dec. 31 of the previous year) if you are currently on the HMO plan.
** Consult with your BCN PCP before starting a regular exercise or weight-management program.
*** If you want to switch weight-management programs within the 120-day time frame, call BCN customer service.
What you pay for medical care

Compare your costs under the Community Blue PPO and the Healthy Blue Living HMO's two benefit levels. To understand the basics, start with this overview.

<table>
<thead>
<tr>
<th></th>
<th>Community Blue PPO</th>
<th>Healthy Blue Living HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$800 individual</td>
<td>$1,600</td>
<td>$1,600</td>
</tr>
<tr>
<td>$1,600 family</td>
<td>$3,200</td>
<td>$800</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>10% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>(50% for select services)</td>
<td>(50% for select services)</td>
<td>(50% for select services)</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$1,700 individual</td>
<td>$3,400 individual</td>
</tr>
<tr>
<td>$3,400 family</td>
<td>$6,800</td>
<td>$2,800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Community Blue PPO (In-Network)</th>
<th>Healthy Blue Living HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enhanced Benefit*</td>
<td>Standard Benefit</td>
</tr>
<tr>
<td>Preventive care</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Primary care provider</td>
<td>$30 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Blue Cross Online Visits</td>
<td>$0 copay (medical) $30 copay (behavioral care)</td>
<td>N/A</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>$0, no deductible/coinsurance (12 visits per calendar year)</td>
<td>$30 copay (30 visits per calendar year)</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$50 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$150 copay (waived if admitted to the hospital)</td>
<td>$150 copay after deductible</td>
</tr>
<tr>
<td>Hospital services</td>
<td>10% coinsurance after deductible</td>
<td>$0 after deductible</td>
</tr>
<tr>
<td>Diagnostic testing</td>
<td>10% coinsurance after deductible</td>
<td>$0 after deductible</td>
</tr>
<tr>
<td>Advanced imaging**</td>
<td>10% coinsurance after deductible</td>
<td>$0 after deductible</td>
</tr>
<tr>
<td>Outpatient physical therapy, speech therapy, occupational therapy (for rehab)</td>
<td>10% coinsurance after deductible (combined 60-visit maximum per member per calendar year)</td>
<td>$30 copay after deductible (within 60 consecutive days per calendar year)</td>
</tr>
<tr>
<td>Outpatient mental health care</td>
<td>10% coinsurance after deductible ($30 copay for Blue Cross Online Visits)</td>
<td>$20 copay</td>
</tr>
</tbody>
</table>

* If Healthy Blue Living wellness requirements are met
** Prior authorization required

For coverage details, review the Community Blue PPO plan Benefits at a Glance and the Healthy Blue Living HMO plan Benefits at a Glance. You’ll find additional information on the Human Resources website at wmich.edu/hr. Choose your Employee Group, then select Benefit Details.
Prescription Drugs

Prescription drug coverage is included with your medical plan. What you pay depends on your plan coverage, the medication type, fill quantity and where you fill the prescription. In addition to your plan’s retail and mail-order pharmacy options, you can also fill your prescriptions at Sindecuse Pharmacy. You’ll receive preferred pricing there when you’re a Community Blue PPO plan member.

What you pay

Community Blue PPO
(In-network pharmacy)

<table>
<thead>
<tr>
<th>Tier</th>
<th>30-Day Retail</th>
<th>90-Day Mail Order</th>
<th>90-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (generic)</td>
<td>$10 copay*</td>
<td>$20 copay*</td>
<td>$25 copay*</td>
</tr>
<tr>
<td>Tier 2 (preferred brand)</td>
<td>$40 copay</td>
<td>$80 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Tier 3 (non-preferred brand)</td>
<td>$80 copay</td>
<td>$160 copay</td>
<td>$200 copay</td>
</tr>
<tr>
<td>Tier 4 (preferred specialty)**</td>
<td>15% coinsurance, up to a maximum of $150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 5 (non-preferred specialty)**</td>
<td>25% coinsurance, up to a maximum of $300</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If the price of the drug is less than the copay, you’ll pay the lower amount.
** Specialty drugs are limited to a 15- or 30-day supply. Learn more about special coverage and mail order through AllianceRx Walgreens Prime delivery.

Healthy Blue Living HMO
(In-network pharmacy)

<table>
<thead>
<tr>
<th>Tier</th>
<th>Enhanced Benefit*</th>
<th>Standard Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30-Day Retail</td>
<td>90-Day Mail Order</td>
</tr>
<tr>
<td>Tier 1 (generic)</td>
<td>$10 copay**</td>
<td>$20 copay**</td>
</tr>
<tr>
<td>Tier 2 (preferred brand)</td>
<td>$40 copay</td>
<td>$80 copay</td>
</tr>
<tr>
<td>Tier 3 (non-preferred brand)</td>
<td>$80 copay</td>
<td>$160 copay</td>
</tr>
<tr>
<td>Tier 4 (preferred specialty)***</td>
<td>20% coinsurance, up to a maximum of $100</td>
<td>20% coinsurance, up to a maximum of $450</td>
</tr>
<tr>
<td>Tier 5 (non-preferred specialty)***</td>
<td>20% coinsurance, up to a maximum of $200</td>
<td>20% coinsurance, up to a maximum of $600</td>
</tr>
</tbody>
</table>

* If Healthy Blue Living wellness requirements are met.
** If the price of the drug is less than the copay, you’ll pay the lower amount.
*** Specialty drugs are limited to a 15- or 30-day supply. Learn more about special coverage and mail order through AllianceRx Walgreens Prime delivery.
### Sindecuse Pharmacy Preferred Pricing

<table>
<thead>
<tr>
<th>Community Blue PPO</th>
<th>30-Day Fill</th>
<th>90-Day Fill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (generic)</td>
<td>$10 copay*</td>
<td>$22.50 copay*</td>
</tr>
<tr>
<td>Tier 2 (preferred brand)</td>
<td>$30 copay</td>
<td>$67.50 copay</td>
</tr>
<tr>
<td>Tier 3 (non-preferred brand)</td>
<td>$60 copay</td>
<td>$135 copay</td>
</tr>
<tr>
<td>Tier 4 (preferred specialty)**</td>
<td>15% coinsurance, up to a maximum of $120</td>
<td></td>
</tr>
<tr>
<td>Tier 5 (non-preferred specialty)**</td>
<td>25% coinsurance, up to a maximum of $240</td>
<td></td>
</tr>
</tbody>
</table>

* If the price of the drug is less than the copay, you’ll pay the lower amount.

** Specialty drugs are limited to a 15- or 30-day supply. Learn more about special coverage and mail order through AllianceRx Walgreens Prime delivery.

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### Refill maintenance meds by mail and pay less

Save time—and money—when you fill a 90-day prescription using Express Scripts mail-order pharmacy. Depending on the medication, you could pay less than you would if you filled the same prescription at a retail pharmacy. To get started, visit [Express Scripts](#).

### Special circumstances for some drugs

To ensure you’re receiving the most appropriate and cost-effective therapy, certain prescription drugs require [prior authorization](#) or step therapy before they’re covered. Step therapy involves trying less expensive options before the brand-name drug will be covered. [View the step therapy overview and drug list](#).
Monthly Health Plan Rates

The rates in the following chart reflect your monthly payment for medical and prescription drug coverage. You will be billed monthly by the University.

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>2-Person</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Blue PPO Plan</td>
<td>$109.76</td>
<td>$345.24</td>
<td>$497.41</td>
</tr>
<tr>
<td>Healthy Blue Living HMO Plan</td>
<td>$70.70</td>
<td>$222.36</td>
<td>$320.36</td>
</tr>
</tbody>
</table>
24/7 Support When You Need It

Employee Assistance Program

That’s what the Employee Assistance Program is all about. HelpNet’s licensed counselors offer you and members of your household no-cost, confidential, short-term counseling for a range of issues. They can help with marital and family concerns, addiction, grief and loss, relationships, stress, anxiety, legal and financial issues, and depression. They can also provide referrals to child care and adult care providers.

Just call (800) 969-6162, or visit the EAP website > Work Life Login (Username: cowboy).
Western Michigan University
Human Resources

Call or email to schedule an appointment at the HR Service Center: Mondays, Wednesdays and Fridays, 10 a.m.-2 p.m.

(269) 387-3620
(269) 387-3441 (fax)
Email: hr-hris@wmich.edu
Website: wmith.edu/hr

Mailing address:
1903 W. Michigan Ave.
Kalamazoo, MI 49008-5217
Location:
1270 Seibert Administration Building

Contacts

Blue Cross and Blue Shield of Michigan
Medical plans
PPO (BCBSM):
(877) 671-2583
HMO (BCN):
(800) 662-6667
Website: bcbsm.com

Blue Cross and Blue Shield of Michigan
Online Visits
PPO medical plan members only
(844) 606-1608
Website: bcbsmonlinevisits.com

Express Scripts
Mail order prescription drugs—
PPO and HMO medical plans
(800) 282-2881
Website: express-scripts.com

HelpNet
Employee Assistance Program
(800) 969-6162
Website: helpneteap.com

Sindecuse Health Center
PPO medical plan members: Medical, pharmacy, sports medicine, physical therapy, massage therapy, nutrition counseling
HMO plan members: Pharmacy
(269) 387-3287
Website: wmich.edu/healthcenter

WMU Student Recreation Center
University Recreation
(269) 387-4732
Website: wmich.edu/rec
Unified Clinics
College of Health and Human Services
Specialty Clinics
(269) 387-7000
Website: wmich.edu/unifiedclinics
Location:
1000 Oakland Drive
Kalamazoo, MI 49008-5361

West Hills Athletic Club
(269) 387-0410
Website: westhillsathletic.com
Location:
2001 South 11th St.
Kalamazoo, MI 49009-5448

There’s an App for That
Download these mobile apps now, so you can access your benefits on your mobile device—wherever you are, whenever you need to.

Blue Cross Blue Shield of Michigan
App Store
Google Play

Express Scripts
App Store
Google Play

BCBSM Online Visits
App Store
Google Play
Notices

You can review the following notices at w mich.edu/hr/benefits-notices:

- Notice of Special Enrollment Rights
- Notice of Patient Protection
- Newborns’ Act Disclosure
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notification of Privacy Practice
- Women’s Health and Cancer Rights Act (WHCRA) of 1998
- Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)
- COBRA Continuation of Coverage
- Notice Regarding Wellness Program
- Summary of Benefits and Coverage for Medical and Prescription Drug
- Summary of Benefits and Coverage for Employee Assistance Program

This guide is intended to be a summary of benefits offered and does not include complete coverage and policy details. In case of a discrepancy between the guide, the actual plan documents and policy statements, the actual plan documents and complete policy will prevail. For more information on what each benefit covers, visit w mich.edu/hr, and select your employee group to see the individual benefit summaries, contracts or policies.